

Applicant Name: \_\_\_\_\_ Form# \_\_\_\_\_

2014 Household Members Form

NOTE: THIS FORM MUST BE COMPLETED, SIGNED AND SUBMITTED WITH YOUR APPLICATION.

If the 2014 Household Members Form is not attached to your application when we receive it, your application will be suspended and your refund check will not go out by the December 20<sup>th</sup> deadline.

\*\*If you live in a GROUP HOME or NURSING HOME, in the year of 2014, please complete the information at the bottom of this form. Thank You!

**HOUSEHOLD MEMBERS:** Complete the information below for yourself and **ALL** persons living in your home, whether or not you share living expenses, even if they are not related to you. (Examples of household members include but are not limited to: significant other, son, daughter, grandchild, foster child, mother, father, brother, sister, aunt, uncle, roommate, landlord or renter.)

| Name<br>(List yourself first and then<br>ALL household members) | Relationship<br>to Applicant | Date of<br>Birth | Social Security<br>Number | Type of<br>Income | Total Gross<br>Income (2014) |
|---|------------------------------|------------------|---------------------------|-------------------|------------------------------|
|   | SELF                         |                  |                           |                   |                              |
|   |                              |                  |                           |                   |                              |
|   |                              |                  |                           |                   |                              |
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|   |                              |                  |                           |                   |                              |
|   |                              |                  |                           |                   |                              |

YOU MUST ATTACH COPIES OF PROOF OF IDENTIFICATION AND OF INCOME FOR 2014 FOR ALL PERSONS LISTED AS A HOUSEHOLD MEMBER.

If you had a household member that moved in or out in 2014, please list below.

| Name of Household Member | Date Moved In <u>2014</u> | Date Moved Out <u>2014</u> |
|--------------------------|---------------------------|----------------------------|
|                          |                           |                            |

SIGNATURE NEEDED BELOW:

I(WE) certify under penalty of perjury (if joint, spouse MUST sign below) that the information entered on the Household Members Form is true, correct and complete to the best of my (our) knowledge and belief.

Applicant Signature: \_\_\_\_\_ Spouse Signature: \_\_\_\_\_

W.S. 6-5-303(b) states, “Knowingly submitting a false claim with intent to defraud is a felony punishable by imprisonment for no more than two (2) years, a fine of not more than two thousand dollars (\$2,000.00) or both.

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\*\*If this is a GROUP HOME or NURSING HOME you do not need to list other client’s information above.

Please complete the following information that applies to you.

Group Home Name: \_\_\_\_\_ Address: \_\_\_\_\_

Nursing Home Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_